

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 06/05/2006		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 06/06/2006					
		FINANCIAL PAYER: NCDMM					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	376	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		191	78	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	640	2036 1396
		11	77	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404904	WESTERN HIGHLAN DS LME	8505	2060	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8800	67	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2298	3506 1208
		120	61	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM			
3404910	PATHWAYS	8505	6927	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8800	706	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	8069	14471 6113
		11	191	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	152	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		11	101	CLIENT NOT ELIGIBLE ON SERVICE DATE	5	336	5854 5518
		21	35	DUPLICATE OF CLAIM-SYSTEM			
3404913	MECKLENBURG COM ENTAL HEALT	8599	2813	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8534	1419	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	895	7775	24239 16464
		8518	909	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE			
3404916	CROSSROADS BENA VIOAL REAL	8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		537	42	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	0	160	3216 3056
		79	40	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN			
3404917	CENTERPOINT HUM AN SERVICES	21	1373	DUPLICATE OF CLAIM-SYSTEM			
		8599	972	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	325	3607	13353 9746
		8537	462	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	3	774	771
3404920	ALAMANCE CASWEL L AREA MH D	8599	1738	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	930	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	182	4168	10571	6403
		21	589	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8505	2666	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	969	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	47	6735	14751	8016
		21	749	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8329	940	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8535	818	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	40	2945	6848	3903
		8599	766	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	11	717	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	188	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1232	6867	5635
		537	128	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1922	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	423	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	93	3813	22666	18853
		21	335	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	5404	3774	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8599	1314	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	739	8115	18455	10340
		21	880	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8505	202	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	43	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	357	3623	3266
		11	42	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	56	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	28	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	28	156	415	259
		8935	18	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPBS.				
3404931	WAKE CO HUM SVC BILLING OF	21	819	DUPLICATE OF CLAIM-SYSTEM				
		8518	265	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	149	2049	14537	12488
		8599	262	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	120	127	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	60	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	356	5922	5566
		143	40	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404934	ONSLow CARTERET BEHAV HEAL	11	1062	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	367	DUPLICATE OF CLAIM-SYSTEM	2	1878	4953	3075
		8599	334	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	1029	DUPLICATE OF CLAIM-SYSTEM				
		143	60	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	26	1152	5684	4532
		8599	26	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404937	EDGEcombe NASH MRTL HLTH C	21	120	DUPLICATE OF CLAIM-SYSTEM				
		937	6	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	1	142	1872	1730
		8518	5	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8505	79	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	37	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A	0	205	1699	1494
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	21	2487	DUPLICATE OF CLAIM-SYSTEM				
		8599	1119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	5626	10396	4770
		143	1082	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404942	ROANOKE CHOWANH UMAN SERVIC	23	18	SERVICE REQUIRES PRIOR APPROVA L				
		21	11	DUPLICATE OF CLAIM-SYSTEM	12	59	618	559
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	21	915	DUPLICATE OF CLAIM-SYSTEM				
		8599	183	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	112	1343	3911	2568
		8931	61	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	21	5755	DUPLICATE OF CLAIM-SYSTEM				
		8534	1543	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	49	10652	20105	9453
		8599	1428	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	5091	DUPLICATE OF CLAIM-SYSTEM				
		8505	3504	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	188	13230	21166	7936
		8599	2087	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	179	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8518	106	CLAIM DENIED, SUBMITTED BEYOND	19	414	3487	3073
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR EOS (JULY 1 - JUNE				
		8599	70	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	11	240	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		8599	124	DETAIL NOT COVERED BY COMBINAT	1	427	1441	1014
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	60	DUPLICATE OF CLAIM-SYSTEM				